

CORRESPONDENCE.

Evansville, Ind., March 10, 1902.

Editor The Laryngoscope:—

I have read with interest Dr. Dunbar Roy's article in the February number of the Laryngoscope on "Two unusual cases of hemorrhage following Adenotomy and Tonsillotomy." Allow me to report two similar cases from my practice.

Case 1. Miss R., age 7, hypertrophy of faucial tonsils and adenoids. Part of one tonsil was removed by a prominent local general surgeon. Under chloroform anesthesia (the family physician, Dr. L., administering the anesthetic), I removed the tonsils with a tonsillotome and the adenoids with forceps and curette. There was very little bleeding and the little patient got along nicely. Fourteen days after the operation she accompanied her parents to Henderson, Ky., on the steamboat, and while there she drank some wine. Coming back home in the evening she ran up the levee and on arrival at the residence the parents noticed that she was spitting up considerable quantities of blood. The family physician was sent for and he discovered that the blood came from the vault of the naso-pharynx. The Doctor at once sent for me, but, being engaged elsewhere, I did not reach the house until late in the night and found that the hemorrhage had stopped. The mother had given the child table salt by the handful, which produced nausea and vomiting and cessation of the bleeding. The patient lost a considerable quantity of blood.

Case 2.—Miss M., age 12, was referred to me by her family physician in Kentucky. She was brought to my office September 3, 1901, by her mother. She was a mouth breather, very nervous and pale, but seemed well nourished. On examination I found enormously enlarged tonsils, also adenoids in the vault of the naso-pharynx. On physical examination I discovered no contra-indications to the administration of an anesthetic.

The operation was performed in one sitting under chloroform anesthesia; my assistant, Dr. M. Ravdin, administered the anesthetic. I removed both tonsils with tonsillotome and the adenoids with forceps and curette.

My assistant remained at her bedside in the hotel until she came out from under the influence of the anesthetic. There was very little hemorrhage. Next morning I saw patient at my office and everything looked nice. With the usual advice as to diet and quietude I allowed her to return home. September 12, I received a letter from her family physician stating that Miss M. got along nicely after her return home—he having seen her every day—until the 10th of September, seven days after the operation, when he was hurriedly called to see the patient who had vomited a considerable quantity of blood. On arrival he found the hemorrhage coming from the tonsils and it took him considerable time before he succeeded in stopping it. Now the interesting points in my cases are, in the first case, secondary hemorrhage fourteen days after the operation; and, in the second case, seven days after. I am

Yours most respectfully,

S. J. Knapp, M. D.

DENVER, APRIL 15, 1902.

EDITOR "THE LARYNGOSCOPE:

I find I made a mistake in my article "Operation for the Removal of Septal Spurs," in the March number of the LARYNGOSCOPE. I spoke of using the "Detroit" hand-piece. I should have said the *Doriot hand-piece*. This hand-piece is operated by an all-cord engine and not by a flexible shaft.

Very sincerely yours,

MELVILLE BLACK, M.D.